:

PTO/SBAID (08-Approved for use twough 7/31/2005, OMB 9651-01 U.S. Palant, and Trademark Office; U.S. DEPARTMENT OF COMMER ork Reduction Act of 1995, ne persons are required to perpose to a collection of information unless it displays a valid OMD control must

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Cot	<u> </u>
(CLAIMS AS FILED - PART I (Column 1) (Column 2)			SI	SMALL ENTITY		OR	OTHER THAN	
· FOR	MUNGER FILE) NUMB	ER EXTRA	RA	TE	FEE		RATE	FEE
GASIC FEE (37 CFR 1.16(a))							OR		
TOTAL CLAIMS DZ CFR 1.16(d)	ninue	20		x 1_			OR	×1	
INDEPENDENT CLAMAS (J7 CFR 1.16(b)) minut 3 =				×			. OR	×1•	
MULTIPLE DEPENDENT CLAMA PRESENT (07 CFR 1.16(d))				+ 1			OR	+1	
•									
• If the difference in column 1 is less than zero, enter "0" in column 2.					AL		OR	TOTAL	Щ.
PCE CLAIMS AS AMENDED - PART II Are 1 (column 5 - 6 - 05) (column 2) (column 3)					SMALL ENTITY		CR	OTHER THAN SMALL ENTITY	
	CLAMS REMAINING AFTER MENDMENT	HIGHEST HUMBER FREVIOUSLY PAID FOR	PRESENT EXTRA	RA	re	ADOI- TIONAL FEE		RATE	ADO TION FEE
C COR LINE	44 Minus	1-86		× : 2	5.		OR	×150 -	
Total or own the property of t	S Minus	- 8	•	× 110	Q.		OR	x 1 <u>200</u> -	
FERST PRESENTATION OF MATURE DEPONDENT CLAIM (ST CFR LINES)					•		OR	+8 =	
					FEE		OR	TOTAL ADD'L FEE	
102-16				~~~	rec.	<u> </u>		7000100	
80 6	Column 1) CLAIMS REMAINING AFTER MENDINGNT	HIGHEST MANGER PREVIOUSLY PAID FOR	PRESENT EXTRA	· RA	TE	ADOI- TIONAL FEE		RATE	ADD TION FET
Total .	44 Merus		-/	×4		٠.	OR	× 4	Γ
Total gramming of the property	(S) Minus	- P)	10	X S	_ =		OR	x \$ •	
PINET PRESENTATION OF MULTIPLE DEPENDENT CLAM GP OFF LINES					•		OR	+1 .	
				TOTAL			ori	TOTAL ADO'L FEE	
Drb.				ADDL	ree		, w	ADD CITED	Ь
0 10/00	Column 1) CLAIMS EMAINING AFTER VENOMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID POR	(Column 3) PRESENT EXTRA		re .	ADOI- TIONAL FEE	-	RATE	ADI NOI FE
Total •	(73) Minus		• /	×s	•		OR	x s	
Z Independent .	5 Mirus	1-35	- /	X 5_	*		OR	× 6	
ξ	IN OF MALTIPLE DEPEN		FR LIGHT	+ 1			GR.	••/	
							OR	TOTAL ADO'L FEE	
The "Highest Numb	us 1 is less than the as that Proviously Paid Fe her Proviously Paid Fed at Proviously Paid Fed on is required by 37 (florifon, Cardidanian	r IN THIS SPACE (Tabil or Independ	is less than 2, a dent) is the high	eler T. est pumber i	ound to		le bezin e	okuma 1.	Sie (and
The colocion of Filomoga USPTO to process) an epp including gathering, prepart on the amount of time your and Trademark Office, U.S.	ing, and exbiniting the require to complete this Department of Comm	completed applica form and/or supplication, P.O. Box 145	don form to the estions for reduc 50, Alexandria, \	USPTO, The ing this burd A 22513-44	e WE v les, sh SQ. DO	rary depending outd be sent to I NOT SEND F	upon the the Chief EES OR (individual case. Information Offi COMPLETED FO	MAY COL. DRIVE TO

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